PATENT	APPLICATION	FEE	DETERMINATIO	N RECORD		
Effective October 1, 2000						

Application or Docket Number

09944055

		CLAIMS AS	Column		l (Colu	mn 2)		SMALL EN	ITITY	OR	OTHER SMALL		
TOTAL CLAIMS			21					RATE	FEE		RATE	FEE	ĺ
FOR			NUMBER FILED NUMI		NUMB	ER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00	
то	TAL CHARGEA	BLE CLAIMS	24 min	us 20=	· fr	1 4		X\$ 9=		OR	X\$18=	72	
IND	EPENDENT CL	AIMS	B Wmir	nus 3 = 3 4			X40=		OR	X80=	240		
MULTIPLE DEPENDENT CLAIM PRE			RESENT				+135=		OR	+270=			
* If the difference in column 1 is less than zero, ente			ro, ente	r "0" in c	olumn 2	Ī	TOTAL		OR	TOTAL	120		
Claims as amended - Part II								OTHER					
	ye ço yeşmi one e nêmes soon e e	(Column 1)	1	(Colui		(Column 3)	i) [SMALL E		OR	SMALL		$\left\ \cdot \right\ $
ENT A	,	REMAINING AFTER AMENDMENT		NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDW	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		$\ $
AMENDMENT	Independent	*	Minus	***	- 01 4154	=		X40=		OR	X80=		
	FIRST PRESE	NTATION OF MU	JETIPLE DEF	ENDEN	CLAIM			+135=		OR	+270=		
			•				ľ	TOTAL ADDIT. FEE			TOTAL ADDIT. FEE		1
		(Column 1)		(Colu	mn 2)	(Column 3)		AUDII. PEC I		. עי	ADDIT: 1 CC		١
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST MBER NOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDW	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***]=	4	X40=		OR	X80=		
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	'ENDEN	T CLAIM			105		1	+270=		٦,
								+135=		OR		<u></u>	╣
								TOTAL ADDIT. FEE	<u></u>	OR	TOTAL ADDIT. FEE		_
		(Column 1)			ımn 2)	(Column 3))						
ENT C		CLAIMS REMAINING AFTER AMENDMENT		NUN PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	- -
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		=		X40=		OR	X80=		
	FIRST PRESE	ENTATION OF M	ULTIPLE DE	PENDEN	IT CLAIM			+135=		OR	+270=		_
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.													
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

NOTICE OF FEE DUE

0410 0500 0130 2100

DATE:	01-17-01:	_	Time
TO:	Ciron-pi.		(2174)
FROM:	Office of Initial Patent Examinatio	n	(21/6)
SUBJECT:	: Fee Due		
APPLICA	TION NUMBER: $09/944$	-,:05S_	
Office for t	e for the attached document submitt the following reason. Please check to on to charge a deposit account. If an appropriate fee. If an authorization iciency.	the application authorization	for the appropriate is present, please
□ Insuffic	cient fee by check		RECEIVED
□ Insuffic	cient funds in deposit account		MAR 1 9 2002 Technology Center 2100
□ Decline	ed credit card		,
□ Non au	nthorization for charge to deposit acc	count	
□ No fee	submitted per requirement		
The corre	ct fee code: 103	amount	s <u>36</u>
The suspe	ended fee code: 197	amount	- \$
Fee Due		amount	=\$ <u>30</u>
If you hav Eleanor K	re any questions, please contact Cynturtz at 703-308-3642.	thia Streater at	703-306-5430 or
Terminal (Operator Dinge		